License Type: 34 One Day Beer & Wine License Nontransferable

LICENSE NO. 9547312

Receipt No.

2532608

Fee Paid

\$50.00

Geographical Code 1933

APPLICATION:

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION:

HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE

LOCATION ADDRESS:

5970 SANTA MONICA BLVD LOS ANGELES, CA 90038

TYPE OF EVENT:

CONCERT

HR/DATES DURING WHICH

October 15, 2018

ALCOHOL WILL BE SOLD: 7:30PM-11PM

ESTIMATED ATTENDANCE:

295

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU 5970 SANTA MONICA BLVD LOS ANGELES, CA 90038

LICENSE:

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.



Good for 1 day(s). Date Issued October 11, 2018.

Director of Alcoholic Beverage Control

Ву _____

DAILYLICEN	SE APPLIC	CATION/AUT	THORIZATION -	Non Trans	ferable	Edmi	und G. Brown Jr., Governo
DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District						LICENSE NUMBER	GEO CODE
Offices please visit he Pursuant to the auth			amed below, the undersig	gned hereby applie	es for the	RECEIPT NUMBER	
license(s) described	below.					FEE	
						\$	**************************************
 ORGANIZATION'S NAME Hollywood Forever 	=)	vment Care & N	Memorial Care	CONDITIONS REQ	UIRED No	DIAGRAM REQUIRED Yes	No
2. LICENSE TYPE	(Check appro	priate license typ	e AND organization ty	/pe)			
a Daily Gener	al (\$25.00)	(Includes bee	r, wine and distilled sp	oirits)			
Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure				Fraternal Organization in Existence Over Five Years with Regular Membership			
Organization Formed for Specific Charitable or Civic Purpose				Religious Organization			
Other:				Vessel per Section 24045.10 B&P (\$50.00)			
						NUMBER OF DISPENS	
41						g g	
Special Daily Beer (\$25.00)				er & Wine (\$50	.00)	Special Dai	ly Wine (\$25.00)
Charitable	Fraternal	Social	Political	Other:			
Civic	Religious	Cultural	Amateur Sport	s Organization		NUMBER OF DISPENS	ING POINTS
c. Special Ten	nporary Licens	se (\$100.00)	(Different privile	eges depending	on statute)		
Television	Station per Se	ection 24045.2 or	r 24045.9 B&P	Person co	nducting Estate V	Vine Sale per Section	n 24045.8 B&P
Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P				Women's Educational and Charitable Organization per Section 24045.3 B&P			
Other Spec	ial Temporary	Licenses, per S	Section				
License nun	nber		Amoun	t \$			
3. EVENT TYPE Dinner	Dance	Wedding	Lunch Picnic	Barbequ	e Socia	al Gathering	Festival
Sports Event	Concert	Birthday	Mixer Carniv	val Dinner D	ance Other	r:	
4. TOTAL # OF DAYS	5. ESTIMATED AT	TENDANCE	6. HOURS OF ALCOHOLIC BE	EVERAGE SALES, SEF			40
1	295		From 7:30pm	147	То	11:00pm	
7. EVENT DATE(S)	018			8. EVENT IS OPE	N TO THE PUBLIC		
Monday 10.15.20		street number and name	and city)	103			
			nica Rlvd I os A	ngeles CA	90038		

12. SECURITY GUARDS 11. TYPE OF ENTERTAINMENT 10. LOCATION IS WITHIN THE CITY LIMITS

Yes No

Music: THE LEMON TWIGS

Yes

No If yes, how many? 6

18. DATE SIGNED

10.01.2018

13. AUTHORIZED REPRESENTATIVE'S NAME

Jay Boileau

14. REPRESENTATIVE'S TELEPHONE NUMBER

15. REPRESENTATIVE'S ADDRESS

6000 Santa Monica Blvd, Los Angeles, CA 90038

16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)

17. AUTHORIZE ENTATIVE'S SIGNATURE

PROPERTY OWNER APPROVAL BY (Name), REQUIRED Yogu Kanthiah

LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE

CIVITIEADEZ 38237 DISTRICT OFFICE APPROVAL BY (Name)

PHONE NUMBER

PHONE NUMBER

PROPERTY OWNER SIGNATURE (ewsa

LAW ENFORCEMENT SIGNATURE

ABC EMPLOYEE SIGNATURE

DATE SIGNED

10.01.2018 DATE SIGNED

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